(J)

508409

O

## REPORT OF RECEIPTS **AND DISBURSEMENTS**

For Other Than An Authorized Committee

**FEC FORM 3X** 

Rev. 12/2004

RECEIVED

NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typi over the lines.	ng, type 12FE4	COMAIL CENTER
FEDUP PO	LITICAL ACT	ILION COM	nittee A	KA FEDUDPAC
ADDRESS (number and s	treet) 8200 MAC	BETH ST	RIEET .	
Check if differe				
than previously reported. (ACC)		<del>                                     </del>	L VA	20110-3619
2. FEC IDENTIFICAT	ION NUMBER ▼	CITY A	STATE A	ZIP CODE ▲
C0045.	5 <b>9 2 3</b>		NEW (N) OR	AMENDED (A)
4. TYPE OF REPO	RT (b) Monthly Report	Feb 20 (M2)	May 20 (M5)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Repart		Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9) Dec 20 (M12)
	Processing .	Apr 20 (M4)	Jul 20 (M7)	Year Only) .  Oct 20 (M10)
April 15 Quarterly R	eport (Q1) (c) 12-Day	Primary (12l	P) Gene	ral (12G) Runoff (12R)
July 15 Quarterly R	PRE-Election Report for the			al (12S)
October 15 Quarterly R	, ,	·	(123)	ar (120)
January 31 Year-End R	teport (YE)	ction on/	0 0 0 / Y 0 Y 0 Y	in the State of
July 31 Mid Report (Noi Year Only)	n-election (d) 30-Day	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	G) Runo	ff (30R) Special (30S)
Termination (TER)	Report	ction on	/	in the State of
5. Covering Period through through				
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.				
Type or Print Name of Treasurer Robert J. GARVEY				
Signature of Treasurer Kobert Karrey Date 06 12 2012				

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office

Use

Only